STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155730	A. BUILDING **01, 04** B. WING _____	C **07/23/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPLEY CROSSING	**1200 WHITLATCH WAY** **MILAN, IN 47031**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An investigation of Complaint Number IN00176991 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Complaint Number IN00176991 Unsubstantiated. No deficiencies relate to the allegation were cited. Survey Date: 07/23/15 Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230 Census: 93 Ripley Crossing was found in compliance with 42 CFR Subpart 483, Subpart B; 410 IAC 16.2; and National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), 2000 Edition, Chapter 19, Existing Health Care Occupancies in regard to the investigation of Complaint Number IN00176991.	K 000		
K 000	INITIAL COMMENTS An investigation of Complaint Number IN00176991 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Complaint Number IN00176991 Unsubstantiated. No deficiencies relate to the allegation were cited. Survey Date: 07/23/15	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155730	A. BUILDING **01, 04** B. WING _____	C **07/23/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPLEY CROSSING	**1200 WHITLATCH WAY** **MILAN, IN 47031**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1 Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230 Census: 93 Ripley Crossing was found in compliance with 42 CFR Subpart 483, Subpart B; 410 IAC 16.2; and National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), 2000 Edition, Chapter 18, New Health Care Occupancies for the 2007 Wing 5 Rehabilitation Wing addition and 2013 Therapy Room expansion in regard to the investigation of Complaint Number IN00176991.	K 000		